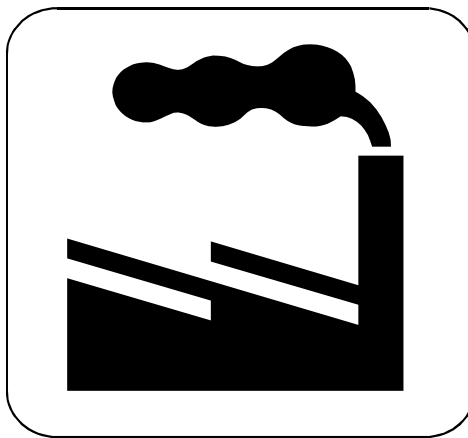


NORTH DAKOTA DEPARTMENT OF HEALTH NDPDES PROGRAM

Industry Stormwater Pollution Prevention Plan Guidance Forms



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POLLUTION PREVENTION COMMITTEE MEMBERS

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WATER QUALITY

SFN 19132 (12/02)

		Permit Number -
Name		Telephone Number
Title		
Duties		

Name		Telephone Number
Title		
Duties		

Name		Telephone Number
Title		
Duties		

Name		Telephone Number
Title		
Duties		

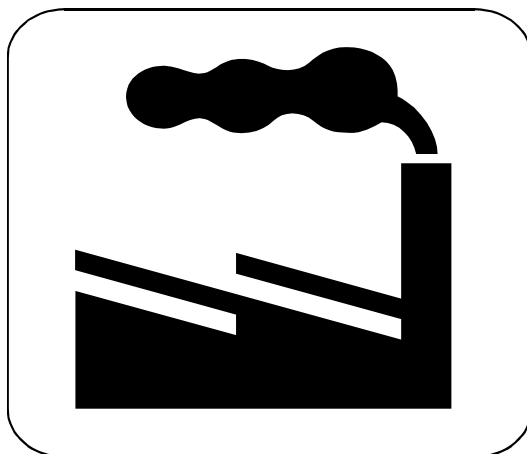
Name		Telephone Number
Title		
Duties		

SITE MAP DEVELOPMENT

The site map should be suitably scaled and drawn to show the following required information:

MAP FEATURES

- 1) Drainage patterns for each stormwater outfall.
- 2) Area for storage and disposal of materials.
- 3) Existing stormwater controls.
- 4) Property boundaries.
- 5) Natural drainage ways that receive discharges.
- 6) Section, township, range, or lines of latitude and longitude.





SIGNIFICANT MATERIALS
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 19133 (12/02)

INSTRUCTIONS: Based on your facility's material inventory, provide the following information. For the definition of "significant materials," see Part VI of the permit. The **location** of the significant materials should be indicated on the site map. See example below:

MATERIAL	MATERIAL LOCATION AND QTY KEPT ONSITE	STORAGE METHOD	DISPOSAL METHOD	PROCESSED ONSITE?	BEST MANAGEMENT PRACTICES AND POLLUTION PREVENTION MEASURES
<u>Example:</u> Diesel Fuel	<u>Example:</u> Outside tank - 500 gallons	<u>Example:</u> Berm surrounding tank	<u>Example:</u> Using ND DoH Waste Management Guidelines	<u>Example:</u> NO	<u>Example:</u> Berm constructed around tank to capture any spills or leaks. Employees are trained to prevent spills during fueling process and to contact management if a spill occurs.

(Attach additional pages if necessary)



POTENTIAL POLLUTANT ASSESSMENT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 19134 (12/02)

Instructions: Please provide information about the operations at the facility by filling out the information below:

Loading/Unloading Operations:	Nature of Materials On-Site:
Maintenance Operations:	History of Spills or Leaks:
Outdoor Storage Operations:	Outdoor Processing Operations:
Outdoor Disposal Operations:	Existing Storm Water Controls:



BMP IDENTIFICATION
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 19135 (12/02)

Instructions: Describe Best Management Practices (BMP) that you have selected for your facility. Attach additional sheets, if necessary.

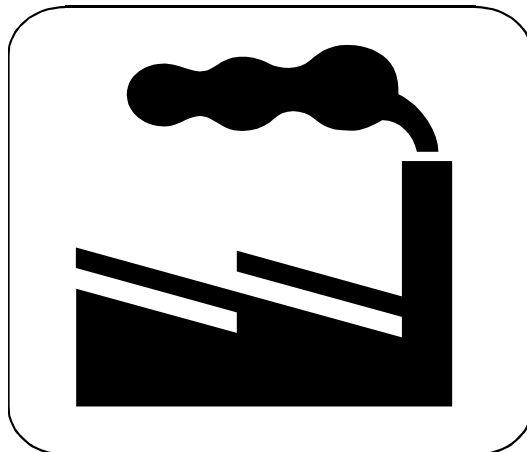
BMP	BRIEF DESCRIPTION OF PRACTICES
Good Housekeeping	
Preventive Maintenance	
Spill Prevention & Response	
Sediment & Erosion Control	
Storm Water Management - Runon	
Storm Water Management - Runoff	
Employee Training	
Additional BMPs (Activity Specific & Site Specific)	

RECORD KEEPING PROCEDURES

All records concerning your stormwater general permit(s) should be kept on-site and/or where they may easily be obtained for inspections.

Items that should be documented include but are not limited to:

- 1) Discharges.
- 2) Spills.
- 3) Site Inspections.
- 4) Inspections of Pollution Prevention controls.
- 5) Maintenance of Pollution Prevention Controls.
- 6) Changes made to the SWPP Plan.





Instructions: Please fill out the inspection information below for the permit number referenced above. See example below:

[illegible]



SIGNATORY CERTIFICATION
North Dakota Department of Health
Division of Water Quality
SFN 19137 (11/02)

For Department Use Only

Permit Number:

INSTRUCTIONS: The following statement shall be signed by a responsible corporate officer, general partner, principle executive officer or ranking elected official. The statement may be signed by a duly authorized representative of the person above in accordance with Part IV-E of the permit.

CERTIFICATION

"I _____, certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Printed Name of Applicant

Title

Signature of Applicant

Date

ADDITIONAL SIGNATURES

INSTRUCTIONS: If more than one signature is required on the Stormwater Pollution Prevention Plan, use the space provided.

Date	Printed Name	Signature	Title	Company Name



NON-STORMWATER DISCHARGE CERTIFICATION

North Dakota Department of Health
Division of Water Quality
SFN 19138 (12/02)

Permit Number: -

INSTRUCTIONS: Based on your observations of the storm water outfalls at your facility, complete the following table. If you could not assess an outfall, please state the reason(s) why and identify any potential pollutant sources. Please identify each outfall in accordance with the site map.

IMPORTANT: This certificate is due 60 days from date of permit coverage.

Date of Assessment	Outfall Directly Observed (Identify as on site map)	Method of Assessment (ex. visual)	Results from Assessment or Reasons(s) for Non-Assessment of Discharge	Identify Potential Significant Sources Non Storm Water Discharge	Name of Person Who Conducted the Assessment

CERTIFICATION

"I _____, certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Printed Name of Applicant:

Title:

Signature of Applicant:

Date: